

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different
than previously
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00286922

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

12

04

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		17480.08
(b) Cash on Hand at Beginning of Reporting Period	25696.28	
(c) Total Receipts (from Line 19)	1714.60	15095.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27410.88	32575.88
7. Total Disbursements (from Line 31)	400.00	5565.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27010.88	27010.88
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	922.00	3342.00
(i) Itemized (use Schedule A)	792.60	11753.80
(ii) Unitemized	1714.60	15095.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	1714.60	15095.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1714.60	15095.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1714.60	15095.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	15.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	2500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		400.00	3050.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		400.00	5565.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		400.00	5565.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1714.60	15095.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1714.60	15095.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	15.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory A Devou

Mailing Address 3132 River Valley Chase

City

West Friendship

State

MD

Zip Code

21794

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP & CHIEF MARKETING OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262109715799

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael J Felber

Mailing Address 14 Lochmoor Court

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262109815799

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

David D Wolf

Mailing Address 2337-1 Boston St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, MEDICAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262110115799

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Picciotto

Mailing Address 704 Sussex Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262110215799

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262117315799

Amount of Each Receipt this Period

36.00

P/R Deduction (\$12.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Aliza Rothenberg

Mailing Address 3413 Deep Willow Avenue

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262119115799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PAGE 8 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR126212115799

Amount of Each Receipt this Period

60.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

William V Stack

Mailing Address 9 Farm Ridge Court

City

Baldwin

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262156115799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Sandra A Dilworth

Mailing Address 3 Tottenham Court

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK & DESKTOP SE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262162715799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Livio R Broccolino

Mailing Address 713 East Seminary Ave

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262208115799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$8.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Sharon J Vecchioni

Mailing Address 13003 Jerome Jay Drive

City

Hunt Valley

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262209915799

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262210215799

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J Winn

Mailing Address 468 Five Farms Lane

City State Zip Code
 Timonium MD 21093

FEC ID number of contributing federal political committee.

C

Name of Employer
CareFirst of Maryland, IncOccupation
AVP & MEDICAL DIRECTOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262230715799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Wanda H Moore

Mailing Address 5209 Janesdale Court

City State Zip Code
 Glendale MD 20769

FEC ID number of contributing federal political committee.

C

Name of Employer
CareFirst of Maryland, IncOccupation
DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262249715799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Booker T Carter

Mailing Address 16905 Federal Hill Court

City State Zip Code
 Bowie MD 20716

FEC ID number of contributing federal political committee.

C

Name of Employer
CareFirst of Maryland, IncOccupation
VP, CLAIMS & DC OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262255415799

Amount of Each Receipt this Period

42.00

P/R Deduction (\$14.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Winston Wong

Mailing Address 1998 Conan Doyle Way

City

Eldersburg

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262303715799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael B Edwards

Mailing Address 14236 Bradshaw Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262403015799

Amount of Each Receipt this Period

42.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262714615799

Amount of Each Receipt this Period

42.00

P/R Deduction (\$12.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles R Medani

Mailing Address 17 Seminole Avenue

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, MEDICAL II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262786215799

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Kenneth J Barrette

Mailing Address 1327 Linden Avenue

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS TECHNICAL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1262970215799

Amount of Each Receipt this Period

36.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Darlene L Lawrence

Mailing Address 8152 Bell Tower Crossing

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

AVP, PROF REL&PERF BASED PGMS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1263207515799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

76.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dennis A Cupido

Mailing Address 281 Hancock Avenue

City

Bridgewater

State

NJ

Zip Code

8807

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, OPERATIONS SUPPORT SERV

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1263250515799

Amount of Each Receipt this Period

36.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Gregory Michael Miller

Mailing Address 9401 White Cedar Drive
Apt #303

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, IT BUSINESS OPS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1264187115799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Maria H. Tildon

Mailing Address 5616 Cross Country Blvd

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: PR1538197915799

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

922.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Chairman Gray Constituent Fund

Mailing Address 1350 Pennsylvania Ave., NW
Suite 504

City Washington State DC Zip Code 20002

Purpose of Disbursement
Vincent Gray, COUNCIL CHAIRPERSON DC

Candidate Name
Vincent Gray

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26987435

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2008

Amount of Each Disbursement this Period

400.00

Vincent Gray, COUNCIL CHAIRPERSON DC

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00